



Case Report

“Atypical Suicidal” cut throat injury – A case report

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ABSTRACT

Suicide is one of the leading causes of death in the world. The incidence and pattern of suicide vary from country to country. Cultural, religious and social value plays a vital role. Hanging, poisoning, drowning are the common methods of committing suicide. Suicide by incising one's own throat without hesitation marks remains a rare, and only few cases have been reported in the forensic literature. We present here an unusual and rare case of self-inflicted cut throat injury of a 45-year old ex-military man without tentative cuts over the neck, which has resulted from a curved sharp weapon.

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1. Introduction

Suicide is one of the 10 leading causes of death in the world, accounting for more than 400,000 deaths annually. The incidence and pattern of suicide vary from country to country where cultural, religious and social values play some role in this regard.¹ Familial troubles, psychiatric illness, psychological stress and poverty are the triggering factors in suicidal attempt.² Hanging, poisoning, drowning are the common methods of committing suicide. Suicide and suicidal gestures commonly employ cutting sharp weapons as the means of injury.³ A retrospective study of suicidal fatalities from sharp force showed that the common implements used were knives and next being the razor blades among the various sharp weapons. Tentative marks were present in most fatalities.⁴ Suicide by cutting one's own throat without hesitation cuts remains rare in forensic literature.⁵

2. Case report

A 45-year old ex-military person was burdened with family problems and debts owed towards developing his business, which he failed to return back to the money lenders. One morning when

he was on the walk to the market, he came across a coconut vendor, who was as usual chopping tender coconuts for the customers using a sharp curved knife with a wooden handle (sickle, named as Katthi in local Kannada language of Karnataka, India) (Fig. 1). When the coconut vendor was busy talking with the customers, the ex-military man within a fraction of second snatched the sickle and slit his own throat and collapsed in a pool of blood, in front of the coconut shop which was witnessed by the public in the market gathering. He was immediately taken to the district hospital where, he was declared dead. In view of the unusual circumstances of his death, a postmortem examination was conducted at the Government based District Hospital, to shed light to the cause and manner of death. The body was that of a middle-aged male, well built and nourished who weighed 65 kg, with rigor mortis present all over the body. Faint post-mortem lividity was present on the back and fixed. A horizontally placed incised wound measuring 6 × 2.5 cm, was present in the lower part of the neck in the midline, running from left to right, starting as a deep incised wound, 5 cm below the left angle of mandible runs symmetrically across the front of the neck, 6 cm below the symphysis menti and 3 cm above the suprasternal notch in the midline, with tailing as shallow incised cut, 3 cm below the ramus of mandible on the right side. The margins of the wound were clean cut with abraded edges. No tentative incisions were found on the neck (Figs. 2 and 3).

On dissection it was seen that the incised wound was deep, to incise the strap muscles with laceration of the larynx at the

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Fig. 1. Curved sharp knife with the handle stained with blood (Sickle).

junction of thyroid and cricoid cartilage. The common carotid artery on the left side and external jugular vein on both sides were lacerated. Trachea and bronchi showed blood mixed mucoid fluid. All internal organs were pale. Toxicological analysis did not reveal presence of any drug or substance. Death was due to haemorrhagic shock.

After the postmortem examination a detailed psychological autopsy was conducted with the deceased family members revealed no history of psychiatric disease or previous episodes of depression.

3. Discussion

Injuries that are deliberately self-inflicted are common and their examination is a frequent task for both pathologists and clinical forensic practitioners.⁵ Suicide by cutting or stabbing is an uncommon method of suicide, and in such cases, the main issue is the differentiation between homicide and suicide.^{4,6–8} The direction of self-inflicted incised wounds, their depth, site and number, presence of tentative cuts, tailing of wound have particular importance in helping to recognize suicidal cutthroat. Suicidal wounds are typically multiple, characterized by many scores of trial cuts, called hesitation cuts. More over a classical suicidal cut throat incision will be oblique, starting high on the left side of neck below the angle of jaw, to end at a lower level on the right side. The incision will be deeper at their origin, becomes shallower as they cross the throat, giving a clue regarding the direction of the slit and the handedness of the victim.⁵

In our case, there was a single horizontal deeply placed incised wound in the lower part of the neck in the midline with absence of



Fig. 2. Horizontal deeply placed incised wound in the lower part of neck.



Fig. 3. Horizontally placed incised wound with absence of hesitation cuts.

hesitation cuts which is not in match with 'typical suicidal injuries' over the throat. The weapon used by the victim was found lying on the side of the body soiled with blood. This type of cut throat injury will definitely put the pathologist in a difficult situation to determine the manner of death.

Absence of hesitation cuts in a suicidal cut throat with a horizontally placed incised wound, to our knowledge has not been reported in the literature before. To the naked eye examination, this case falls in the category of homicide. However, in the absence of hesitation cuts, based on circumstantial evidence, statements by the public who witnessed the incident, absence of defence wounds on the body, and the presence of fingerprints of the deceased on the weapon, in the present case left no doubt to conclude that it was a deliberate suicidal cut throat injury.

Conflict of Interest

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Ethical Approval

None declared

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